

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date:: 09/05/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Genetically Filtered Shotgun Sequencing of  
Complex Eukaryotic Genomes

Attorney Docket Number:: 021031-000113US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 9

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency:: U.S. Dept. of Agriculture

Contract or Grant Numbers One:: Agricultural Research Service Grant #97-35300-  
4564

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: W.  
Middle Name: Richard  
Family Name: McCombie  
Name Suffix:  
City of Residence: Cold Spring Harbor  
State or Province of Residence: NY  
Country of Residence: US  
Street of Mailing Address: Lita Annen Hazenberg Genome Sequencing  
Center  
City of Mailing Address: Cold Spring Harbor  
State or Province of mailing address: NY  
Country of mailing address:  
Postal or Zip Code of mailing address: 11724

Applicant Authority Type: Inventor  
Primary Citizenship Country: United Kingdom  
Status: Full Capacity  
Given Name: Robert  
Middle Name: A.  
Family Name: Martienssen  
Name Suffix:  
City of Residence: Cold Spring Harbor  
State or Province of Residence: NY  
Country of Residence: US  
Street of Mailing Address: 1 Bungtown Road

City of Mailing Address:: Cold Spring Harbor

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11724

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/713,426	11/15/00
09/713,426	Continuation-in-part of	09/430,409	10/29/99
09/430,409	An Appln. claiming	60/121,453	02/24/99
	benefit under 35 USC		
	119(e) of		

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name:: Cold Spring Harbor Laboratory

Street of mailing address:: 1 Bungtown Road, P.O. Box 100

City of mailing address:: Cold Spring Harbor

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11724